

## *Balance of Care: Towards Aging at Home*

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## *Growing and Credible Evidence*

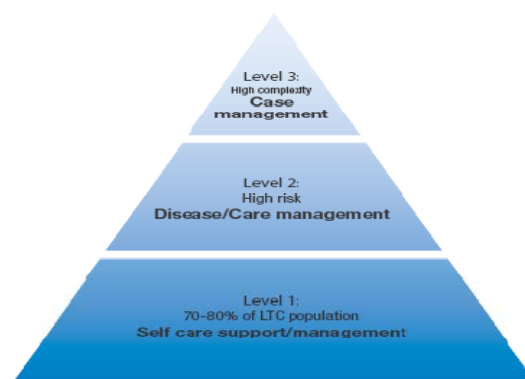
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- A growing body of international research suggests that Home & Community Care can play an important role in maintaining the health, well-being and autonomy of individuals and caregivers, while moderating demand for more costly emergency, hospital and long-term care beds when:
  - Targeted
  - Case managed
  - Integrated into the broader continuum



## *Targeted, Integrated, Managed Care*

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**Kaiser Permanente Triangle**  
Source: UK Department of Health (2005)



## *Balance of Care*

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Personal Social Services Research Unit (PSSRU),  
University of Manchester

- Balance of Care (BoC) aims to determine most appropriate mix of institutional and community resources needed at the local level to meet the needs of an aging population

Source: Dr. David Challis -- go to [www.CRNCC.ca](http://www.CRNCC.ca)



## *Balance of Care: Key Assumptions*

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What determines optimal balance of residential  
LTC and H&CC at the local level?

- Demand side
  - Individual characteristics: physical, mental and social needs
  - Support from/of carers
- Supply side
  - Access to safe, appropriate cost-effective H&CC within broader continuum



## *Upward & Downward Substitution*

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- Upward substitution
  - Failure to access “lower level” supports (e.g., transportation or nutrition) results in utilization of “higher level,” more costly, health care (e.g., LTC or hospital bed)
- Downward substitution
  - Appropriate access to “lower level” community supports avoids or delays health care utilization

## *LTC Wait Lists*

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• Waterloo	811
• Toronto Central (+ phase II)	1684
• Central (+ phase II)	2631
• North West (+ phase II)	860
• North East	1500
• South West	2876
• Central West	725
• North Simcoe Muskoka	1758
• Champlain	3724

*How many wait-listed individuals could be diverted safely, cost-effectively to home & community?*

## Cognition

### Cognitive Performance Scale

Short term memory, cognitive skills for decision-making, expressive communication, eating self-performance

	Waterloo	Toronto	Central West	Central	NSM
Intact	43%	48%	33%	38%	43%
Not Intact	57%	52%	67%	62%	57%
Total	1100	1684	725	2631	1768



## Activities of Daily Living (ADLs)

### Self-Performance Hierarchy Scale

Eating, personal hygiene, locomotion, toilet use

	Waterloo	Toronto	Central West	Central	NSM
Low Difficulty	53%	43%	34%	41%	52%
Medium Difficulty	28%	28%	25%	29%	27%
High Difficulty	19%	29%	41%	30%	21%



## *Instrumental Activities of Daily Living (IADLs)*

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### **IADL Difficulty Scale**

Meal preparation, housekeeping, phone use, medication management

	Waterloo	Toronto	Central West	Central	NSM
Low Difficulty	2%	3%	1%	1%	2%
Medium Difficulty	32%	32%	26%	25%	32%
High Difficulty	66%	65%	73%	74%	66%



## *Caregiver Living with Client?*

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	Waterloo	Toronto	Central West	Central	NSM
Yes	46%	35%	56%	55%	45%
No	54%	65%	44%	45%	55%



## South West Sub-Groups: First 14 of 36

Sub-Group	Confusion	ADL Difficulty	IADL Difficulty	Live with Caregiver?	Frequency (Percent)
1-Appleton	Intact	Low	Low	Yes	4 (0.1)
2-Bruni	Intact	Low	Low	No	11 (0.4)
<b>3-Copper</b>	<b>Intact</b>	<b>Low</b>	<b>Medium</b>	<b>Yes</b>	<b>92 (3.2)</b>
<b>4-Davis</b>	<b>Intact</b>	<b>Low</b>	<b>Medium</b>	<b>No</b>	<b>331 (11.5)</b>
5-Eggerton	Intact	Low	High	Yes	41 (1.4)
<b>6-Fanshaw</b>	<b>Intact</b>	<b>Low</b>	<b>High</b>	<b>No</b>	<b>116 (4.0)</b>
7-Grimsby	Intact	Medium	Low	Yes	0 (0.0)
8-Hamilton	Intact	Medium	Low	No	1 (0.0)
9-Islington	Intact	Medium	Medium	Yes	39 (1.4)
10-Jones	Intact	Medium	Medium	No	60 (2.1)
11-Kringle	Intact	Medium	High	Yes	64 (2.2)
<b>12-Lambert</b>	<b>Intact</b>	<b>Medium</b>	<b>High</b>	<b>No</b>	<b>102 (3.5)</b>
13-Moore	Intact	High	Low	Yes	0
14-Nickerson	Intact	High	Low	No	0

## South West Sub-Groups: Last 8 of 36

Sub-Group	Confusion	ADL Difficulty	IADL Difficulty	Live with Caregiver?	Frequency (Percent)
<b>29- C. Cameron</b>	<b>Not Intact</b>	<b>Medium</b>	<b>High</b>	<b>Yes</b>	<b>264 (9.2)</b>
<b>30-D. Daniels</b>	<b>Not Intact</b>	<b>Medium</b>	<b>High</b>	<b>No</b>	<b>303 (10.5)</b>
31-E. Edwards	Not Intact	High	Low	Yes	0
32-F. Fish	Not Intact	High	Low	No	0
33-G. Gallo	Not Intact	High	Medium	Yes	5 (0.2)
34-H. Hogan	Not Intact	High	Medium	No	5 (0.2)
<b>35-I. Innis</b>	<b>Not Intact</b>	<b>High</b>	<b>High</b>	<b>Yes</b>	<b>260 (9.0)</b>
<b>36-J. Johns</b>	<b>Not Intact</b>	<b>High</b>	<b>High</b>	<b>No</b>	<b>300 (10.4)</b>

Total Number Wait Listed = 2,876  
 Included in Analysis = 2,561 (89%)  
 Number of Vignettes = 14



## Sample Vignette for Xavier

- **Not** cognitively intact.
- Requires **some** assistance with ADLs (independent in locomotion in the home, eating, personal hygiene and toileting; **extensive** assistance required with bathing).
- Experiences **some** difficulty using the phone and **great** difficulty with housekeeping, meal preparation, managing medications, and transportation.
- **Not** have a live-in caregiver. Xavier's caregiver is an adult child who lives outside the home (provides advice/emotional support & assistance with IADLs).



## Sample H&CC Package for Xavier

Service	South West
<b>Professional Services</b>	
Case Management (CCAC) Education/navigation (client and caregiver)	Initial +follow-up (4 hrs.)
Geriatric Assessment Team (multi-disciplinary approach)	2 visits/13 wk timeframe
Occupational Therapist (home safety/ambulation assessment)	2 visits/13wks
Personal Care (bathing, medication monitoring/cueing)	2/week (1 hr)
Social Worker (replace with First Link)	2 visits
<b>Community Support Services</b>	
Adult Day Services for Dementia (w exercise & bath)	2 visits/week
Caregiver Support Group (First Link)	5 visits over 13wk
Caregiver Support Respite	5 hrs/week
Friendly Visiting (dementia trained)	2 hr/week
Home-Help/Homemaking	2 hr/week
Transportation (2-way return)	5/month
Life Line/Connect Care (recommend subsidy such that all receive option)	
Safety Home (Alz Wander Registry)	
Note: Pharmacist education on meds management (client/caregiver) Free blister packs (recommended)	



## Divert Rates Summarized

	Divert: Line by Line	Divert: Supportive Housing	Cost Higher Than LTC	LTC Required
<b>Waterloo</b>	49%	N/A	26%	25%
<b>Toronto</b>	37%	46-53%	27%	20%
<b>Central West</b>	30%	TBD	52%	18%
<b>Central</b>	21- 25%*	27- 43%**	47% - 63%***	10%



\*Includes Fanshaw with 6% cost premium  
 \*\* Excludes I.Innis  
 \*\*\*Excludes Fanshaw

## No Goes

Sub-Group	Cognition	ADL Needs	IADL Needs	Live with Caregiver	Waterloo	Toronto Central	Central West	Central
D. Daniels	Not Intact	Medium	High	No	H&CC not a safe option		H&CC not a safe option	
I. Innis	Not Intact	High	High	Yes	H&CC not a safe option	H&CC not a safe option		
J. Johns	Not Intact	High	High	No	H&CC not a safe option	H&CC not a safe option	H&CC not a safe option	H&CC not a safe option



## *“Lower Level” Needs Crucial*

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- Considerable potential to maintain individuals in their own homes with everyday supports
  - Transportation, housekeeping, nutrition can quickly become medical problems



## *Navigating Disintegration*

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- Need to strengthen integration “points” to enhance care and achieve cost-efficiencies
  - Crucial for vulnerable individuals with complex needs requiring multiple services, providers
  - Care to people (home care, cluster care)
  - People to care (adult day centres)
  - Supportive housing



## *Supportive Housing*

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- Considerable potential to enhance outcomes for individuals and system
- Many different shapes and sizes
  - Linked, de-linked SH
  - Also, attendant care, cluster care
  - Different cost structures, target groups
- BoC a framework to elaborate logic, make “apples-to-apples” comparisons



## *Diversity*

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- Ethno-cultural, sexual orientation
  - Access, appropriateness, costs
  - Placement, choice of housing options, staff, volunteers, food
  - Roles of family and informal caregivers



## *Caring for Caregivers*

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- Unit of care = individual and carer
  - Contrasts to acute care focus on individuals or body parts
  - Caregivers are themselves increasingly frail
  - Geography, diversity matter



## *Towards Aging at Home*

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- Ontario's LHINs and Aging at Home strategy provide a brilliant opportunity to innovate, create an integrated continuum of care
  - Top line: older persons and caregivers
  - Bottom line: cost-effectiveness and system sustainability



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